

CONSENT TO RELEASE CONFIDENTIAL INFORMATION  
CALIFORNIA PENAL CODE SECTION 1210.1

Los Angeles Superior Court

Name \_\_\_\_\_ Case Number \_\_\_\_\_

Treatment Agency Case Number(s) \_\_\_\_\_

I hereby consent that the treatment provider \_\_\_\_\_ can release the information listed below to the Los Angeles County Probation Department and/or the Los Angeles County Superior Court, **and to any subsequent treatment provider that I am required to attend pursuant to this grant of probation.** I further consent that this information can be redisclosed to my parole officer, the Los Angeles County District Attorney, and the Los Angeles County Public Defender or attorney of my own choosing (name) \_\_\_\_\_. The purpose and need for this disclosure is to allow these agencies to evaluate my treatment needs and to monitor my compliance with the treatment plan ordered by the court. This information shall be limited to:

1. My identity, date of evaluation, and date of entrance into treatment program;
2. Attendance records;
3. Urinalysis test results;
4. Whether my progress and compliance is excellent, satisfactory, or unsatisfactory;
5. Violation of program rules;
6. If discharged from program, whether such discharge was by voluntary withdrawal or was for noncompliance with the treatment plan.

This authority extends only as necessary and pertinent to my hearings and/or reports to the court and for conducting required supervision and monitoring of my specific 1210.1 P.C. case(s). All documents generated by this release shall remain confidential.

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse client records. Recipients of this information may not disclose it, except as hereby authorized, without my further written consent, except as authorized by Federal law. I further understand that information hereby disclosed may not be used to initiate or substantiate any criminal charges or to conduct any criminal investigation of me.

I understand that this consent will remain in effect and cannot be revoked by me while I am participating in treatment pursuant to my 1210.1 P.C. case, and will terminate 60 days after either the successful completion of treatment or discharge from treatment for any reason.

\_\_\_\_\_  
Signature of Participant

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness